

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2009

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number

Q90948

Confirmation Number

4651Application Number **10/553,639**Filing Date **October 18, 2005**For **NOVEL COSMID VECTOR**Art Unit **1633**Examiner Name **Burkhart, Michael**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00	\$130.00
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00	_____
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00	_____
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00	_____
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00	_____
<input type="checkbox"/> Previous Payment Amount	Date Submitted _____		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.			

I am the

☐ applicant/inventor☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).☒ attorney or agent of record. Registration Number58,902☐ attorney or agent under 37 CFR 1.34.☐ Registration number if acting under 37 CFR 1.34

WASHINGTON OFFICE

23373

CUSTOMER NUMBER



 Signature

October 12, 2010

Date

Azy S. Kokabi

(202) 293-7060

Typed or printed name

Telephone Number

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form is submitted.

Express Mail No.